

## Sample/Suggested Medical Justification for Wheelchair Items

	Item	Medical reason the item is needed/coverage criteria	Sample Justification
1	<b>Amputee Adapter</b>	The extended axle plate will help control the center of gravity for a patient with a lower extremity amputation.	An amputee adapter is required because “my patient” has a left/right above knee amputation.
2	<b>Angle Adjustable Footplate</b>	Standard footplates are set at 90 degrees. Angle Adjustable footplates are required if your patient is unable to position his/her feet/foot in a neutral position due to limitation of range of motion.	<p>Angle adjustable footplates are needed because “my patient” has a 20 degree plantar flexion contracture.</p> <p>Angle adjustable footplates are needed because “my patient’ has a 10 degree dorsi flexion contracture.</p>
3	<b>Ankle Straps</b>	Ankle straps are required if your patient is unable to independently keep his/her feet on the footplates due to high/low tone or involuntary movements.	“My patient” has spastic movements of his feet and is constantly kicking his feet about. This risks injury to his feet/lower legs and to others around him.
	<b>Anti-rollback device</b>	Anti-rollback device (E0974) is covered if the beneficiary self-propels and needs the device because of navigating ramps	“My patient” propels his chair up a ramp continually where he resides and due to his limited UE strength he is at risk for rolling back when he moves his hands on the hand rims of the wheels.
4	<b>Elbow Blocks (Posterior)</b>	<p>Elbow blocks (posterior) are required if your patient is unable to his/her elbows on the arm rests due to weakness, paralysis, high/low tone, or involuntary movement.</p> <p>These are most often needed when a tilt-in-space chair tilts back for pressure management and the patient’s arms fall off the arm rests.</p>	Due to the limited (or no) strength in “my patient’s” shoulders and elbows he is at risk of his arms falling off the arm rests/tray when he tilts his chair back for pressure management. This risks injury to his UEs.
5	<b>Arm Trough</b>	An arm trough (E2209) is covered if the beneficiary has quadriplegia, Hemiplegia, or uncontrolled arm movements	<p>“My patient” is a hemiplegic who has no voluntary movement in his involved UE. This arm/hand will continually fall off the arm rest pad of his w/c which is 2” wide.</p> <p>“My patient’ has spastic movements in his involved UE which cause his arm/hand to fall off the standard 2” wide arm rest pads. He requires an arm trough to maintain his arm in proper position and prevent injury.</p>

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<b>6</b>	<b>Attendant Control Joystick</b>	<p>The attendant control joystick is required so that another person may take control of the power wheelchair and drive when patient requires assistance driving or when he/she is unable to drive.</p> <p>Having another person operate the chair with a standard joystick is not possible because the configuration of the drive control device on the power wheelchair cannot be accessed safely by another person.</p>	<p>“My patient” has a diagnosis of Multiple Sclerosis. She fatigues throughout the day and by mid afternoon, she is no longer able to safely use her joystick on her power chair. An attendant control will allow her care givers to drive her chair from a safe location as opposed to using the standard joystick location and walking backwards.</p>
<b>7</b>	<b>Back Cushion, Custom Contoured</b>	<p>This custom contoured back is needed because a planar/flat back would not allow for proper positioning, or potentially can cause skin compromised with frail skin and bony prominences (spinous processes) or kyphotic posture.</p> <p>The contouring is necessary to shape the back to match his/her trunk contour and to support his/her thoracic spine due to trunk weakness, impaired sitting balance, or an inability to maintain an upright posture.</p>	<p>“My patient” has a significant kyphotic posture with bony spinous processes. She also does not have trunk control to maintain her spinal alignment when in the chair. She needs a contour back cushion to provide postural support while minimizing the risk for skin compromise to her spinous processes. A flat (planar) back would create peak pressure along her bony spinous processes and risk skin compromise.</p>
<b>8</b>	<b>Back Cushion, Custom Molded / Fabricated</b>	<p>A custom fabricated back cushion (E2617) is covered if criteria the following criteria is met:</p> <ol style="list-style-type: none"> <li>1. Patient meets all of the criteria for a prefabricated positioning back cushion; all less costly alternatives have been medically ruled out.</li> <li>2. There is a comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the patient’s seating and positioning needs. The PT or OT may have no financial relationship with the supplier</li> </ol>	<p>“My patient” has a fixed spinal postural asymmetry that precludes the use of any off the shelf custom back cushions. We have considered/trialed “_____” (contour back cushion) and this did not accommodate her spinal posture due to “_____”. A custom molded back cushion is the only medically appropriate device for proper positioning.</p> <p>My patient” has a flexible spinal postural asymmetry that precludes the use of any off the shelf custom back cushions. We have considered/trialed “_____” (contour back cushion) and this did not correct her spinal posture due to “_____”. A custom molded back cushion is the only medically appropriate device for proper positioning</p>

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<b>9</b>	<b>Calf Panel</b>	<p>A calf panel is required if your patient is unable to keep his/her feet in proper alignment with standard footrest or elevating leg rests with standard calf pads. This could be due to high or low tone, contractures, or involuntary movements.</p> <p>A calf panel strap will position his/her feet on the foot rests and keep them from sliding backward, between, or behind the foot support while moving the wheelchair.</p>	<p>"My patient" requires a calf panel to properly position and protect his lower extremities when using her chair. She continually moves her lower extremities around and off/between the two calf pads. The use of standard calf pads will not maintain her legs in a safe position.</p>
<b>10</b>	<b>Chest Harness / Strap</b>	<p>A chest harness is a positioning device that is necessary to assist in alignment of the trunk due to diminished trunk control, high or low tone, or involuntary movements that would produce postural asymmetries. The chest harness is necessary as an anterior thoracic support for him/her. This harness/positioner will help keep his/her keep from flexing forward away from her back support while in the seated position and potentially falling forwards, out of her wheelchair.</p>	<p>"My patient" has very low tone and postural/spinal control. Because of this limited trunk control he is at the mercy of gravity when in his wheelchair. He continually falls forward or to either side. Standard lateral trunk supports will not control anterior movement. He needs a chest harness to maintain his upper body back against the back cushion.</p>
<b>11</b>	<b>Mount for Auxiliary Device with Hardware</b>	<p>This device is required to mount the patient's augmentive communication/speech device to his/her wheelchair. This device must be mounted to the wheelchair so he/she can generate speech whenever he/she is driving the chair.</p>	<p>"My patient" has an communication device (Augmentive Communication) that must be mounted to her wheelchair so she can communicate her needs to caregivers.</p>
<b>12</b>	<b>Gas Struts - Dynamic / Articulating Footrest Device</b>	<p>These are required if the patient has spasticity in his/her lower extremities. This spasticity has a significant negative effect on his/her sitting posture. The tone in his/her lower extremities causes extreme pressure on the footplates which results in a thrusting behavior. This action causes asymmetrical elevation of the patient's pelvis and prevents him/her from sitting in a stable posture. This presents a challenge in seating in proper body alignment.</p>	<p>"My patient" continually thrusts his feet downward against the footplates. He has already broken a number of standard footplates on wheelchairs that he has used. The gas struts will absorb this thrusting motion and return to a neutral position. They are also a less costly alternative to continually repairing standard footplates/hangers.</p>

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		<p>The tone and spasticity must be mitigated so that it has minimal impact on his/her seated position and his/her ability to accomplish mobility related activities of daily living and to maintain an upright posture. This is accomplished in several ways. A tightly fitting pelvic belt to control elevation of the pelvis, full length set depth and limiting hip extension in the orientation of his/her seating are some of the ways that this can be mitigated. These aspects will be built into her seating system but the lower extremity tone must have some relief. If the footrest is allowed to slowly release under the extreme pressure exerted by Client then the pressure will be absorbed by the footrest. This is compared to hardening the footrest so it is immovable. When the footrest is immovable the pressure is redirected back up the body resulting in movement and stress on Client's joints and on her wheelchair. By allowing the footrest to articulate down and forward the energy will be absorbed by the footrests and the resulting secondary motion and stress will be relieved. The dynamic articulating footrest requested will accomplish this goal. If this is not provided Client is at greater risk for damaging her joints in her lower limb and her wheelchair will wear excessively from the persistent and excessive tone resulting in significantly higher repair costs than if this device was not provided on the chair.</p>	
13	<b>Elevating Leg Rest</b>	<p>Elevating legrests (E0990, K0046, K0047, K0053, K0195) are covered if:</p> <ol style="list-style-type: none"> <li>1. The beneficiary has a musculoskeletal condition or the presence of a cast or</li> </ol>	<p>"My patient" requires ELRs because he has 2+ edema in his bilateral LEs.</p>

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		<p>brace which prevents 90 degree flexion at the knee; or</p> <ol style="list-style-type: none"> <li>2. The beneficiary has significant edema of the lower extremities that requires an elevating legrest; or</li> <li>3. The beneficiary meets the criteria for and has a reclining back on the wheelchair.</li> </ol>	
<b>14</b>	<b>Flat Free Inserts</b>	Airless inserts are necessary if your patient is not capable of monitoring or maintaining the pressure in pneumatic tires. A flat tire would render her wheelchair unusable, leaving him/her bed confined.	“My patient” has para/quadri-plegia and does not have the manual dexterity to monitor and adjust (add/remove) the air pressure in pneumatic tires. Flat free inserts are needed to prevent a flat tire, which would render his wheelchair unusable. He would then be bed bound.
<b>15</b>	<b>Foot Box</b>	<p>A foot box is covered if your patient is unable to maintain their feet on standard foot plates. A foot box is required to protect and position his/her lower extremities and feet when the use of straps and loops alone will not accomplish the foot positioning goals for your patient. Your patient may continuously move his/her feet and restricting movement is not an appropriate intervention for your patient. A foot box will allow him/her to move his/her feet while keeping them protected within the confines of the foot box.</p> <p>It is sized specifically for his/her feet and ankles.</p> <p>When used in conjunction with adjustable footplates, the foot box can greatly reduce your patient’s risk for skin break down and other injuries (for example: from striking objects with her feet) by creating a barrier between her feet and the metal parts of the wheelchair and other objects.</p>	<p>A single/split foot box is needed because “my patient” continually moves his feet when he is in the wheelchair. Standard foot plates will not protect his feet from hitting the rigging of the leg rests/elevating leg rests. Use of ankle straps or heel loops will restrict movement and place him at risk for injury (or increased agitation). The foot box will allow him to move his feet continually throughout the day, protect his feet from injury, and will not restrict him from movement.</p> <p>A single/split foot box is needed because “my patient” continually moves his feet when he is in the wheelchair. Standard foot plates will not protect his feet from hitting the rigging of the leg rests/elevating leg rests. Use of ankle straps or heel loops will restrict movement and place him at risk for injury (or increased agitation). The foot box will allow him to move his feet continually throughout the day, protect his feet from injury, and will not restrict him from movement.</p>
<b>16</b>	<b>Shoe Holders/Foot Positioners</b>	These are required to hold the patient’s feet securely in place while seated. Lower	

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		<p>extremity movement will cause his/her feet to come off of the foot plates or become positioned incorrectly if they are not secured. This positioning device will ensure that his/her feet are aligned and protected while in the wheelchair. If his/her feet are not secured while seated her postural support and alignment will be adversely affected and the risk of injury to her lower extremities is increased.</p>	
17	<b>Foot Rest Extension</b>	<p>This is required to accommodate the length of his/her feet while seated in the wheelchair. A standard sized footplate may not long enough to accommodate his/her feet and his/her toes may hang over the front edge, risking injury to his/her toes. Please identify the length of his/her feet and the length of a standard footplate</p>	<p>“My patient” has size 8 shoe which measures 10” in length. A standard footplate is only 6” in length. He does not always wear shoes and is at risk for injuring his toes when moving the wheelchair. The footplate extension will protect his toes.</p>
20	<b>Head Array Drive Device for Power Wheelchair</b>	<p>This Head array is a drive control device required for the patient to be able to drive the power wheelchair to accomplish mobility related ADL's. If he/she does not have sufficient strength, coordination, or control of her upper extremities to utilize a standard joystick then an alternative drive system is appropriate. He/he underwent a trial of this device and was able to successfully and safely operate the power wheelchair and all the specialty features with the head array control. If this device is not provided, he/she will have no means to operate the power wheelchair and will be unable to accomplish any mobility related ADL's or use this device at all.</p>	<p>“My patient” has a diagnosis of “_____” and is an appropriate candidate for a power wheelchair. He does not have the manual dexterity or coordination to operate a standard joystick, even with a non standard handle. He has been trialed using a head array and demonstrates the cognitive, visual, and physical abilities to safely operate the power chair using this alternative drive device.</p>
21	<b>Head Array Mount Device</b>	<p>This special mount is required to place the head array exactly where the patient needs it to safely operate the power chair. The position is critical to the patient’s successful use of the power wheelchair. If the head</p>	<p>“My patient” requires a head array to drive his power wheelchair. This head array must be mounted in a specific location for him to safely drive the power chair.</p>

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		array does not support his/her head sufficiently and maintain a specific location in relation to his/her head, his/her ability to control the chair will be significantly limited.	
22	<b>Head Array Mounting Device, Adjustable/Removable</b>	This special mount is designed to allow for removal during transfers to allow for safe transfers into/out of the wheelchair without the need to continuously adjust the position with hand tools. The head array drive control must be positioned in an exact/specific location in order for him/her to drive the chair safely and efficiently.	"My patient" requires a head array to drive his power wheelchair. The mounting for the head array must allow for easy removal without tools in order for him to be safely transferred into and out of his power wheelchair.
23	<b>Headrest/pad</b>	A headrest is required to support the patient's head and neck when used with a tilt in space chair. Or if the patient lacks adequate head control while sitting upright.	"My patient" has a tilt in space wheelchair and requires head support when tilted back for pressure management. The headrest pad is required to protect his skin when the head rest is utilized.
24	<b>Headrest Mounting Hardware Removable</b>	The headrest mounting hardware is needed to allow for quick and easy removal without the use of hand tools for safe transfers in/out of the power wheelchair. If a standard/fixed mounting is utilized, it can interfere with his/her ability to transfer safely in/out of the chair.	"My patient" has a tilt in space wheelchair with a head rest. The mounting for the head rest must allow for easy removal without tools in order for him to be safely transferred into and out of his wheelchair
25	<b>Height Adjustable Armrests</b>	Adjustable arm height option (E0973, K0017, K0018, K0020) is covered if the beneficiary requires an arm height that is different than that available using nonadjustable arms and the beneficiary spends at least 2 hours per day in the wheelchair. Please provide height of standard arm rests and patient's elbow height (with the cushion requested).	"My patient" has a 12" elbow height. Standard arm rests have a height of 11". With the use of his required 4" ROHO cushion the arm rest would be too low to properly position and support his arms.

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26	<b>Hip Guides</b>	<p>Hip guides are required if the patient has a pelvic or lower extremity alignment that cannot be accommodated or corrected by using a contour cushion.</p> <p>The patient requires hip guides to keep the pelvis aligned while sitting. These guides will ensure that his/her hips are kept in a stable midline orientation on the seating surface. If his/her hips are allowed to translate laterally (abduct), his/her posture would become mal-aligned resulting in diminished postural control and an inability to maintain erect posture. This mal-alignment will also reduce her ability to sit upright and perform ADL's and use his/her upper extremities effectively.</p>	<p>"My patient" has significantly abducted lower extremities that cannot be controlled with the use of a contour cushion. The hip guides will control and maintain her hips in proper alignment, which will help to maintain her pelvis in proper position.</p> <p>"My patient" has a fixed windswept deformity of the lower extremities. Her left lower extremity is abducted and her right lower extremity is adducted. A deep contour cushion was trialed/considered but it will not control the lower extremity positioning.</p>
27	<b>Hip/Pelvic Positioning Belt</b>	<p>This belt is an integral component of the seating system and is necessary to keep Client's pelvis properly placed in the seat. Proper pelvic positioning creates a stable base for spinal alignment.</p>	<p>"My patient" requires a pelvic positioning belt to maintain his hips all the way back in the seat. He tends to slide forward and does not have the physical abilities to move himself back once he slides forward.</p>
28	<b>IV Holder</b>	<p>If your patient is tube fed continuously throughout the day and cannot be disconnected from the tube feeding for extended periods of time. The IV Holder will support the feeding device so that it can be utilized wherever he/she is transported.</p>	<p>"My patient" is on a continuous tube feeding and must have the tube feeding at all times when out of bed. The IV holder will allow an IV pole, which will hold the tube feeding device to be attached to the chair.</p>
29	<b>Lap Tray</b>	<p>This is required for your patient as an upper extremity support. He/she has a tendency to flex forward at the hips while seated. The weight of his/her upper quadrant needs to be supported to control gravity from pulling his/her torso into flexion. This positioning device will also keep his/her hands in a functional position on a stable surface as opposed to resting in his/her lap or falling off the standard arm rests.</p> <p>His/her hands are more likely to develop dependant edema and limitations of motion when they are not consistently positioned in a</p>	<p>"My patient" has poor trunk control to maintain an upright posture. The use of a full lap tray will allow for him to use his upper extremities to help maintain proper upper body alignment.</p>



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		supported position.	
30	<b>Leg Strap</b>	If he/she does not have the ability to control his/her lower extremities while utilizing the wheelchair a leg strap will position his/her feet on the foot rests and keep them from sliding backward, behind the foot support while moving the wheelchair. This will help control unwanted movement of lower extremities during mobility and protect her lower limbs from falling behind the foot support and being injured.	"My patient" has paraplegia and does not have any voluntary control of her lower extremities when using her wheelchair. Her feet have a tendency to fall off the footplates posteriorly. The leg strap will prevent this from happening.
31	<b>Offset Brackets</b>	These are required to keep the lateral support positioned firmly against his/her body to prevent lateral movement and promote a neutral, upright posture.	"My patient" requires lateral trunk supports for postural support and alignment. The offset brackets will allow the lateral support to be properly positioned for effective trunk alignment and control.
32	<b>Oxygen Tank Carrier</b>	Client requires portable oxygen. An oxygen holder is required to allow his/her oxygen supply to be transported with him/her while using the wheelchair. He/she cannot use the wheelchair without this accommodation and will be bed confined without it.	"My patient" is on 3 liters of continuous oxygen 24 hours a day and cannot be without oxygen when using her wheelchair. The Oxygen tank carrier will allow her Oxygen tank to be mounted to her chair to maintain 24 use of the Oxygen
33	<b>Pommel / Medial Thigh Support/Abductor</b>	This positioning device is required to maintain proper alignment of the lower extremities if he/she has increased hip adduction tone/spasticity that causes the lower extremities to be adducted. It is required if he/she is not able to manage the position of the lower extremities voluntarily. This positioning device will help protect the hip joints, assist him/her in sitting in an upright posture and maintain hip range of motion. Maintaining this range of motion is absolutely essential so that he/she can be seated properly.	"My patient" has increased adductor tone and severely adducts her bilateral lower extremities. The Pommel/medial thigh support will help to maintain proper lower extremity alignment, which will assist in maintaining ROM and proper pelvic positioning.
34	<b>Power Elevating Leg Rest</b>	Elevating leg rests are required if he/she requires both feet to be elevated to help reduce dependant edema and swelling. He/she is unable to independently adjust the elevating leg rests. He/she requires a power	"My patient" has bilateral lower extremity 2+ edema. She also qualifies for a power wheelchair. She does not have the ability to physically raise/lower the ELR but has the cognitive ability to perform this function with a power ELR.

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		controlled device so that he/she can use the joystick or a switch to operate the power ELRs when needed. This feature is especially needed when a recline feature is employed. If the wheelchair is reclined without elevating the leg rests undue strain and discomfort will be experienced because the legs are left in a dependant position	
35	<b>Power Recline w/ Mechanical Shear Reduction</b>	This feature is required for pressure relief, spasticity management, or if he/she uses intermittent catheterization throughout the day. It is required if he/she is unable to independently reposition him/her self. The shear reduction component will help accommodate for any trunk weakness and allow him/her to maintain mid-line orientation of the trunk	"My patient" has spasticity which can be effectively managed by the use of a power recline feature. The mechanical sheer reduction will reduce the sliding of the back rest when utilizing this feature.
36	<b>Power Tilt</b>	This feature is necessary if he/she is unable to independently relieve pressure +/- or perform pressure relief independently. This is especially needed if there is a current pressure ulcer or a history of pressure ulcers.  In a SNF: For spinal positioning, especially with a severely kyphotic patient in an upright chair gravity will add to the collapsed posture. The tilt feature will allow for gravity to assist with opening up his/her collapsed posture and maintain ROM/prevent further deformity.	"My patient" has a history of pressure ulcers on her sacrum. She is unable to perform a functional weight shift for effective pressure management. She requires the power tilt for pressure relief.  In a SNF: "My patient" has a significant kyphotic posture that is flexible. When she is upright (90 degrees) her posture collapses forward. Tilting her back will allow gravity to assist with maintaining her current level of ROM and postural alignment.
37	<b>Stump Support</b>	If your patient has a below knee amputation, this device provides a surface to support the residual limb. This device will protect and elevate the limb in knee extension preventing hamstring tightness and dependent edema. He/she will be less likely to develop contractures and swelling of the residual limb with this passive support.	"My patient" has a right BK amputation. She requires a stump support to properly position her left BK stump. A standard calf support will not provide the appropriate amount of support required by her to keep her BK stump supported.
38	<b>Solid Seat Pan</b>	A seat pan is required to provide a surface for	"My patient" requires a ROHO cushion because of a

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		the seat cushion to rest on. Standard sling material will not be as effective at properly positioning the cushion and ultimately pelvic position and alignment.	history of pressure ulcers in her IT region. The manufacturer of ROHO recommends that a solid seat surface be used under the ROHO for the most effective use of this cushion.
39	<b>Shoulder Harness / Chest Strap</b>	<i>(Requires one of the following diagnoses: 344.00, 344.1, 336.0-336.3, 341.0-341.9, 343.0-343.9, 335.0-335.21, 335.23-335.9, 138, 344.09, 741.00-741.93, 330.0-330.9, 331.0 or 332.0)</i> This positioning device is necessary to assist in alignment of the trunk due to diminished trunk control and postural asymmetries. The shoulder harness is necessary as an anterior thoracic support for your patient. This harness/positioner will help keep him/her from flexing forward away from the back support while in the seated position.	"My patient" has poor trunk control and continually falls forward. The Chest harness will maintain his trunk position in an upright position/back against the back cushion.
40	<b>Swing Away Hardware for Pommel/Abductor</b>	The swing away hardware is required so that the pommel can be moved out of the way during transfers while still being attached to the chair. Having the pommel fixed to the wheelchair would make transfers much more difficult and more hazardous. Swing away hardware is required as the alternative to removable hardware. Fixed hardware requires that the pommel be removed using tools and placed on the floor or other surface where it may fall or not be accessible during the transfer. It is not reasonable to expect that the device be disassembled in order to perform a transfer. Removing the pommel increases the likelihood of a less efficient transfer and also increases risk of damage to the pommel itself. The swing away hardware ensures that the positioning device is easily accessible when needed during the transfer making the transfer more consistent, predictable and safe.	"My patient" has a Pommel for adduction control of her lower extremities. The swing away feature is needed to move the pommel out of the way for safe transfers in/out of the wheelchair.
41	<b>Swing Away Mount for</b>	The swing away mount for the headrest	"My patient" requires a head rest for support when tilted

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	<b>Headrest</b>	allows the headrest to be flipped backwards behind the backrest during transfers and then flipped back in to place at the proper alignment for your patient. This hardware assures that he/she will be properly positioned by the care giver without completely removing the headrest with tools during transfers	back in her tilt in space wheelchair. The swing away mount for the headrest will allow for the headrest to be moved out of the way for safe transfers in/out of the wheelchair.
42	<b>Swing Away Mount for Joystick</b>	This is required because the joystick needs to be moved out of the way during transfers for safety.	"My patient" requires that the joystick be moved out of the way for safe transfers in/out of his power chair.
43	<b>Lateral Facial Pad with Swing Away hardware, Adjustable Lateral Pad for Head</b>	Your patient requires additional head control greater than a standard posterior head rest can provide. The swing away feature is needed to allow for safe transfers in/and out of the chair. It will also allow for proper positioning of this device once the proper location is determined and set. This position will be maintained by swinging away the support for transfers and will not require tools every time the patient transfers in/out of the chair.	"My patient" requires a lateral facial pad for proper head positioning. A standard posterior headrest will not provide the lateral support he needs to maintain proper body alignment. The swing away feature will allow for setting the proper position of this lateral facial pad and then allow for it to be swung out of the way for safe transfers in/out of the wheelchair.
44	<b>Switch Device to activate On/Off Operation</b>	A switch is required if your patient has limited hand function, this switch will allow your patient power the on and off switch independently. This switch plugs into the wheelchair electronics to operate. If this device is not provided, he/she will not be able to perform this task independently.	"My patient" has very limited voluntary muscle control of his bilateral hands. He requires a separate on/off switch that will be mounted for him to turn his chair on/off. This switch will be mounted to his head rest so he can access the switch. He is unable to use the standard on/off button on a standard joystick to perform this function.
45	<b>Thoracic Lateral Support</b>	If your patient does not have sufficient muscle control to maintain proper body alignment these lateral trunk supports are required to support his/her trunk in an upright posture. They are applied to the rib cage on either side to keep her from falling to the side while seated.	"My patient" has poor trunk strength to maintain proper body alignment when in her wheelchair. The lateral thoracic/trunk support will prevent her from leaning/falling laterally.
46	<b>Thoracic Lateral Support Swing Away Mount Hardware</b>	If your patient requires lateral trunk supports. The lateral support must have swing away mounting hardware to allow the lateral to be	"My patient" requires lateral trunk supports for proper body alignment when in her wheelchair. The swing away feature will allow for this support to be swung out of the

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		swung out of the way for transfers into and out of her chair for safety.	way for safe transfers in/out of her chair.
47	<b>Transit Option</b>	This mobility device is required for your patient to be transported to and from his/her community level to/from medical appointments. The Transit Tie Down feature is required so that he/she can access public transportation and medical transport services. The	“My patient” attends outpatient physical and occupational therapy on a weekly basis and must be transported while in his wheelchair. The transit options will allow for safe transporting to these medical appointments in his wheelchair.
48	<b>Vent Tray for Wheelchair Gimbaled</b>	If your patient requires a ventilator to breathe, a vent tray must be provided so that his/her ventilator can be transported with him/her while in the wheelchair. He/she cannot use the wheelchair without this accommodation. He/she will be bed confined without it. The tray requires a gimbal system so that the support tray for the ventilator is kept stable and parallel to the ground when in a tilted and/or reclined position or when negotiating inclined surfaces.	“My patient” requires a ventilator 24 hours of the day. When he is in his wheelchair the ventilator must be properly/securely attached to the wheelchair.
49	<b>Wedge for Seat Cushion</b>	This is required to raise the front of the cushion higher than the back of the cushion. This is needed to change your patient’s relationship relative to gravity in a manner that supports upright posture. This is an additional piece that is added under the seat cushion. Adding this wedge is the least costly alternative way to accomplish this change in relationship to gravity.	“My patient” requires the front of the seat to be at a height higher than the back of the seat.
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